

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

FEB 8 1937 791

1003

Do not use this space.

3420

452

1. PLACE OF DEATH

County.....

Registration District No.....

File No.....

Township.....

Primary Registration District No.....

Registered No.....

City..... (No.....)

St..... Ward.....

2. FULL NAME

(a) Residence, No. 3745 Liddell St., 19 Ward. 1

(Usual place of abode) Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar 17 1884

7. AGE YEARS 52 MONTHS 9 DAYS 24 IF LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Traffic Manager

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Steamboat

10. Date deceased last worked at this occupation (month and year) Jan 1937 11. Total time (years) spent in this occupation 30

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Haverport Ia

13. NAME Michael Mangan

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany 10

15. MAIDEN NAME Katherine Linda

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Haverport Ia

17. INFORMANT (ADDRESS) Chas. Burke East St. Louis

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE Jan 12 1937

19. UNDERTAKER (ADDRESS) Chas. Burke East St. Louis

20. FILED JAN 12 1937 J. H. Bredeck Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 11 1937

22. I HEREBY CERTIFY That I attended deceased from May 20 1927 to Jan 11 1937

I last saw him alive on Jan 11 1937. Death is said to have occurred on the date stated above, at 3 P. m.

The principal cause of death and related causes of importance were as follows:

Cerebral Embolus Date of onset 1. 11. 37

Other contributory causes of importance: Paul arterio sclerosis 1927

Hypertension 1927

Chronic uric acidosis 1927

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Date of injury

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify (Signed) Anthony P. Day M. D.

(Address) 411 Beaumont Bldg. St. Louis, Mo.

